24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
45 Committee Inc.				
	C C90016478			
Check if 24-hour report 48-hour report Mew report Amends report filed on 48-hour report				
Full Name of Payee	Date of Public Distribution/Dissemination			
Mentzer Media Services	04 14 2017			
Mailing Address 32 York Road	Amount			
City State Zip Code	261149.00 Transaction ID : 001			
Towson MD 21204	Date of Disbursement or Obligation			
Purpose of Expenditure Media placement Category/ Type 004	04 13 / 2017			
Name of Federal Candidate Support Office	e Sought: X House District: 06			
Gray, Bob, , ,	President Senate State: GA			
Calendar Year-To-Date Per Election for Office Sought Disbut 2017	ursement For: Primary General			
Per Election for Office Sought	➤ Other (specify) ➤ Special General			
Full Name of Payee RedPrint Strategy	Date of Public Distribution/Dissemination			
Mailing Address	04 14 2017			
Mailing Address P.O. Box 710993	Amount			
City State Zip Code	15000.00			
Herndon VA 20171	Transaction ID : 002 Date of Disbursement or Obligation			
Purpose of Expenditure Category/ Category/	M M / D D / Y Y Y Y			
Media production Outgoty 004 Type 004	04 14 2017			
Name of Federal Candidate Support Office	e Sought: 🗶 House District:06			
Gray, Bob, , ,	President Senate State: GA			
	ursement For: Primary General			
Per Election for Office Sought 335441.80 2017	➤ Other (specify) ➤ Special General			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Buto	04 15 2017			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

S	chedule E)	IONEO	PAGE 2 OF 2 FOR SE OF FORM 24/48	
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
4	5 Committee Inc.		C C90016478	
Check if 24-hour report 48-hour report Mew report Amends report filed on				
	Full Name of Payee Critical Mass Digital Media		Date of Public Distribution/Dissemination	
	Mailing Address 697 W 2200 N		04	
		Zip Code 84014	25000.00 Transaction ID : 003	
	Purpose of Expenditure Media placement	Category/	Date of Disbursement or Obligation 04 14 2017	
	Name of Federal Candidate	Type 004 Support	Office Sought: X House District: 06	
	Gray, Bob, , ,	X Oppose	President Senate State: GA	
	Calendar Year-To-Date Per Election for Office Sought	360441.80	Disbursement For: Primary General 2017 ✓ Other (specify) ► Special General	
	Full Name of Payee		Date of Public Distribution/Dissemination	
	Mailing Address		Amount	
	City State 2	Zip Code		
	Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation	
	Name of Federal Candidate	Support	Office Sought: House District: President Senate State:	
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	
	(a) SUBTOTAL of Itemized Independent Expenditures		25000.00	
	(b) SUBTOTAL of Unitemized Independent Expenditures		·	
	(c) TOTAL Independent Expenditures		301149.00	
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	Wojciechowski, Maria, , , [Electronic Signature	cally Filed] Date	04 / 15 / 2017	